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ABSTRACT

The purpose of this paper is to review the existing literature on family support services for families with young children with disabilities. Within the last two decades, the focus of early intervention has begun shifting from child-centered to family-centered practice with an emphasis on providing comprehensive family support in the delivery of quality early intervention services. Essential to this provision is understanding the variations across and within families, which may differ on various aspects including culture, language, socioeconomic status, religion, structure, size, and geographical location (Turnbull & Turnbull, 1997). This paper examines the challenge for service providers to identify family support services that are tailored to the needs, preferences, and priorities of each family and the extent to which current practices, particularly the DEC recommended practices, for family support services reflect an awareness and understanding of culturally and linguistically diverse families. The paper is divided into five main sections: (1) criteria used to search and select the literature reviewed in this paper; (2) definitions and types of family support; (3) a review of the literature as it relates to the five recommend practices on family support presented in the Odom and McLean (1996) text; (4) limitations of the studies reviewed; and (5) guiding principles service providers should consider as they recommend and implement family support services. The report includes extensive references, an annotated bibliography, and a list of available resources from the CLAS Web site. (Author/SG)

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Technical Report #10

An Individualized Perspective of Family Support Services: A Review of the Literature

Rosa M. Santos
Chun Zhang

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Rosa M. Santos
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Within the last two decades, the focus of early intervention has begun shifting from child-centered to family-centered practice. Providing comprehensive family support is necessary in the delivery of quality early intervention services. An essential consideration in providing quality and comprehensive family support services is understanding the variations across and within families. Families may differ on various aspects including culture, language, socio-economic status, religion, structure, size, and geographical location (Turnbull & Turnbull, 1997). Thus, the challenge for service providers is to identify family support services that are tailored to the needs, preferences, and priorities of each family. The purpose of this paper is to review the existing literature on family support services for families with young children with disabilities. This paper examines the extent to which current practices, particularly the DEC recommended practices, for family support services reflect an awareness and understanding of culturally and linguistically diverse families. This paper is divided into five main sections: (1) criteria used to search and select the literature reviewed in this paper; (2) definition and types of family support; (3) a review of the literature as it relates to the five recommended practices on family support presented in the Odom and McLean (1996) text; (4) limitations of the studies reviewed; and (5) guiding principles service providers should consider as they recommend and implement family support services.

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Introduction

In early intervention, families play a critical role in the delivery of services provided to their children with special needs (Bailey, Blasco, & Simeonsson, 1988; Newcomb, Stepanek, Beckman, Frank, & Brown, 1994; Vincent & McLean, 1996). The roles of families in early intervention have evolved throughout the years from being passive receivers of intervention to collaborative partners on various dimensions and differing levels of involvement in their children's program (Vincent & McLean, 1996).

Within the last two decades, the focus of early intervention has begun shifting from child-centered to family-centered practice. This shift requires that services be provided to meet the needs of the child as well as his or her family. The changing roles of families in early intervention have sparked early childhood service providers, researchers, and families to articulate recommended practices. These recommended practices are intended to influence service providers to utilize strategies that have been well-documented as effective and at the same time, responsive to the various needs of children with disabilities and their families.

In 1996, the Division for Early Childhood (DEC) of the Council for Exceptional Children developed recommended practices on various aspects of early intervention service delivery. In the family participation strand, DEC recommended five quality indicators of family support practices (Vincent & McLean, 1996). Providing comprehensive family support is necessary in the delivery of quality early intervention services (Able-Boone, Sandall, Stevens, & Frederick, 1992). An essential consideration in providing quality and comprehensive family support services is understanding the variations across and within families. Families may differ on various aspects including culture, language, socio-economic status, religion, structure, size, and geographical location (Turnbull & Turnbull, 1997). Thus, the challenge for service providers is to identify family support services that are tailored to the needs, preferences, and priorities of each family.

This paper examines the extent to which current practices, particularly the DEC recommended practices, for family support services reflect an awareness and understanding of culturally and linguistically diverse families.

The purpose of this paper is to review the existing literature on family support services for families with young children with disabilities. This paper takes a narrow view of the variations within and across families by focusing on cultural and linguistic diversity. Specifically, this paper examines the extent to which current practices, particularly the DEC recommended practices, for family support services reflect an awareness and understanding of culturally and linguistically diverse families.

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This paper is divided into five main sections: (1) criteria used to search and select the literature reviewed in this paper; (2) definition and types of family support; (3) a review of the literature in relation to the five recommended practices on family support presented in the Odom and McLean (1996) text; (4) limitations of the studies reviewed; and (5) guiding principles service providers should consider as they recommend and implement family support services.

Criteria for Literature Search

A total of 15 empirical studies are reviewed in this paper. The criteria used to identify these studies include: (1) studies that pertain to social or family support (i.e., parental stress, family strength, family functioning, family reaction and adaptation to child's disability, needs, and support resources) for families with young children (birth to 6) with disabilities; (b) studies that provide a description of the cultural or linguistic background of their participants; (c) studies that include a minimum of one participant who is not classified as European-American (i.e., Caucasian, white, and non-Hispanic white); and (d) studies that provide outcome data. Normative studies (e.g., studies that examine reliability and validity of specific social or family support measures), articles in non-refereed publications (i.e., grant final reports and other ED documents) or unpublished manuscripts are not included in this review.

Literature Sources

The primary source for this literature review was the Educational Resource Information Center or ERIC. Only journal articles and books published between 1986 and 1997 were included.

The descriptors used include: family resources, parental stress, social services, social environments, social support, social networks, religious organizations, social agencies, early intervention, preschool education, infant, toddlers, preschoolers, disability, at-risk, family support, and cultural diversity.

References from these documents were also searched to identify additional resources. Finally, descriptive and value-based papers on family support are included for additional background information.

Definitions and Types of Family Support

Researchers define family support in different ways. Dunst, Trivette, and Cross (1986) wrote that family support is a multidimensional construct. This view is supported by the various definitions and terminology associated with family support. Definitions and types of family support found in the literature are discussed below.

Definitions of Family Support

In the literature, family support is defined in several ways. In their most recent book on exceptional families, Turnbull and Turnbull (1997) discuss social support within the context of family coping strategies. They differentiate social support from professional and spiritual support by delineating the source of the assistance (i.e., practical, emotional) received by the family in their time of need. Thus, according to Turnbull and Turnbull (1997), social support includes friends and family, spiritual support includes "comfort and guidance from one's spiritual beliefs" (p. 43), and professional support includes professionals and agencies.

In another chapter, Turnbull and Turnbull (1997) discuss social support networks that include "extended family networks, friends, coworkers, and religious groups" (p.178). Two other social support groups they identify are various support groups for families and parent-to-parent programs.

Dunst, Trivette, and Hamby (1994b) define family support as "resources provided by other persons or groups to children and families. More specifically, social support refers to the emotional, psychological, physical, informational, instrumental, and material aid and assistance provided by others that directly or indirectly influences the behavior of the recipient of these various kinds of resources" (p. 152).

Definitions of family support range from specific to broad supports to families. For example, Newcomb et al. (1994) define family support "to include services such as those designed to help a family meet its basic needs..." (p. 21). They refine this definition with a focus on early intervention by including other services such as providing families with information about specific types of disabilities or providing counseling for parents. Agosta and Melda (1995) define family support as providing families of children with disabilities with any type of support that may help families function within the larger community. These supports may include services, resources, and other types of assistance.

Family support is a multidimensional construct.

There are also variations in the terminology related to family support. Examples of the terminology found include: family support (Turnbull & Turnbull, 1997; Weissbourd & Kagan, 1989), social

DEFINITIONS AND TYPES OF FAMILY SUPPORT

support (Barakat & Linney, 1992; Baxter & Kahn, 1996; Turnbull & Turnbull, 1997), natural support (Cooley, 1994; Shu-Minutoli, 1995), intrafamily resources (Dunst, Trivette, & Deal, 1988), extrafamily resources (Dunst et al., 1988), formal supports (Karp and Bradley, 1991), and informal and formal support networks (Dunst et al., 1994a).

For purposes of this paper, the term family support will be used to mean physical, psychological, social, educational, and practical assistance received by the family that may directly or indirectly impact the child with a disability.

For purposes of this paper, the term family support will be used to mean physical, psychological, social, educational, and practical assistance received by the family that may directly or indirectly impact the child with a disability.

Types of Family Support

There are also different types of family support discussed in the literature. For example, Dunst et al. (1988) differentiate between informal and formal support. They define informal support networks as individuals (e.g., kin, friends, extended family, neighbors, and ministers) and social groups (e.g., church or social clubs) who provide support as a part of daily living. Formal support networks include professionals (e.g., therapists, early interventionists, physicians, and social workers) and agencies (e.g., hospitals, early intervention programs, and preschools) that provide aid and assistance to people seeking needed resources.

Cooley (1994) identifies three subsystems of family support: natural, formal, and informal supports. According to Cooley (1994), the child and the immediate family lie at the center of the concentric rings of support. The first level of support includes natural supports—the most natural, functional, and primary sources of support for families. These are supports that the families have utilized or identified as helpful (e.g., spouses, extended family, friends, neighbors, and community resources). The second level of support represents informal supports. Informal supports come in the form of parent-to-parent support or parent informal networking to help meet families' emotional needs. The outermost circle of support — the third level — includes formal supports which families are eligible to access. These supports include financial benefits, early intervention programs, respite care, and other state-supported resources. While this type of categorization of family supports fit some families, other families may not classify their family supports the same way.

Current categorizations of social support may not reflect individual families' perception of family support. Some families may perceive formal support as informal support. For example, some researchers may categorize early intervention service providers as formal support (Cooley, 1994; Dunst et al.,

Table 1 *Summary of Social Support*

SERVICE-FOCUSED SUPPORT	SOURCE(S)
1. Early Intervention Programs	
(a) Professional support • Advice • Emotional support • Information	Able-Boone, Sandall, Stevens, & Frederick, 1992; Bailey, Blasco, & Simeonsson, 1992; Brinker, Seifer, & Sameroff, 1994; Hadadian, 1994; McDowell, Saylor, Taylor, Boyce & Stokes, 1995; Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997; and Trivette & Dunst, 1992
(b) Services	
• Information	Able-Boone, Sandall, Stevens, & Frederick, 1992; and Bailey, Blasco, & Simeonsson, 1992
• Finances/financial and health insurance benefits	Bailey, Blasco, & Simeonsson, 1992 and Cooley, 1994
• Childcare/respite care	Bailey, Blasco, & Simeonsson, 1992; Deiner & Whitehead, 1988; and Salisbury, 1990
• Service coordination	Cooley, 1994
• Counseling	Newcomb, Stepanek, Beckman, Frank, & Brown, 1994
• Family training	Robbins, Dunlap, & Plienis, 1991
• Home visits	Newcomb, Stepanek, Beckman, Frank, & Brown, 1994
2. Other Professional Services (a) Mental health (b) Private therapies (c) Physicians (d) Medical care agencies	Brinker, Seifer, & Sameroff, 1994
3. Parent Support Groups (a) Parent-to-parent programs (b) Educational support groups (c) Other support groups	Able-Boone, Sandall, Stevens, & Frederick, 1992; Bradley, Rock, Whiteside, Caldwell, & Brisby, 1991; Cooley, 1994; Lieberman, 1990; Newcomb, Stepanek, Beckman, Frank, & Brown, 1994; Santelli, Turnbull, Marquis, & Lerner, 1995; Santelli, Turnbull, Sergeant, Lerner, & Marquis, 1996; Shapiro & Simonsen, 1994; and Wyngaarden-Krauss, Upshur, Shonkoff, & Hauser-Cram, 1993
4. Others	
(a) Formal support	Heller, Markwardt, Rowitz, & Farber, 1994
(b) Other state-supported programs	Cooley, 1994
(c) Family external resources	Hanline & Daley, 1992

TABLE 1: SUMMARY OF SOCIAL SUPPORT

Table 1 *cont.* | *Summary of Social Support*

RESOURCE-FOCUSED SUPPORT	SOURCE(S)
1. Family	
(a) Spouse/father/partner	Bailey, Blasco, & Simeonsson, 1992; Cooley, 1994; Cooley & Unger, 1991; Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997; and Trivette & Dunst, 1992
(b) Extended family	Able-Boone, Sandall, Stevens, & Frederick, 1992; Cooley, 1994; Flynt, Wood, & Scott, 1992; and Hanline & Daley, 1992
(c) Family members	Barakat & Linney, 1992; Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997; and Trivette & Dunst, 1992
(d) Parents	Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997
(e) Siblings	Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997
(f) Grandmothers	Cooley & Unger, 1991
2. Community	
(a) Neighbors	Cooley, 1994; Flynt, Wood, & Scott, 1992; Newcomb, Stepanek, Beckman, Frank, & Brown, 1994; Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997; and Trivette & Dunst, 1992
(b) Social organizations	Able-Boone, Sandall, Stevens, & Frederick, 1992; Cooley, 1994; Flynt, Wood, & Scott, 1992; Hadadian, 1994; and McDowell, Saylor, Taylor, Boyce, & Stokes, 1995
(c) Churches	Brinker, Seifer, & Sameroff, 1994; Cooley, 1994; Heller, Markwardt, Rowitz, & Farber, 1994; Rogers-Dulan & Blacher, 1995; and Weisner, Berzer, & Stolze, 1991
(d) Other families	Cooley, 1994
(e) Co-workers	Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997
3. Others	
(a) Available network	Barakat & Linney, 1992
(b) Natural mentors	Rhodes, Ebert, & Fischer, 1992
(c) Family internal resources	Hanline & Daley, 1992

1994a). However, if a family considers their child's early intervention service provider as a family friend, then she or he may be viewed as an informal support. To address this issue, the different types of support will be categorized in two groups: service-focused and resource-focused support (see Table 1).

Service-focused supports are those that are primarily facilitated or provided by professionals or professional agencies or organizations whose main purpose is to assist and provide services to children with disabilities and their families. Service-focused supports may include groups and individuals working for an agency or organization such as early intervention programs, health agencies, therapeutic-related services, schools, family day cares, social welfare agencies, parent support and training groups, and counseling centers.

Resource-focused supports are those that are naturally occurring, community-based, and are generally not associated with professional organizations serving children with disabilities and their families. Resource-focused support may include individuals and groups such as family members, other families with children with disabilities, community leaders, relatives, friends, co-workers, church organizations, and other community-based resources such as social clubs and recreation centers.

Review of the Literature Regarding Recommended Practice on Family Support

While there is an abundance of literature that describes current family support practice and services, only a handful of studies were found that examine the extent to which these practices and services reflect an understanding of the variations within and across families. However, none of these studies directly address current DEC practices as they apply to families and children from various cultural or linguistic backgrounds.

Vincent and McLean (1996) recommend five practices to promote family support for families of children with disabilities within the family participation strand. These recommendations were primarily developed for early childhood service providers to consider as they work with children with or at-risk for disabilities and their families. These recommended practices were developed based on expert opinion and consensus (i.e., professional, state, and national). While

REVIEW OF THE LITERATURE REGARDING RECOMMENDED PRACTICE

all five recommended practices were highly rated by the parents and practitioners as relevant, few to none were reported as currently being implemented in the field (Odom & McLean, 1996). The focus of this section is to examine the extent to which each DEC recommended practice on family support reflects an understanding of the variations within and across families, particularly cultural and linguistic diversity. Implications for practitioners are discussed for each recommended practice.

"Family support services are available as requested by the family" (p. 382)

Research studies involving families of children with disabilities suggest that family support in general positively enhances the family's health and well-being and reduces unique stressors that the family may feel when raising a child with a disability (Dunst, Leet & Trivette, 1988; Dunst, Trivette, & Hamby, 1994b; Trivette, Deal, & Dunst, 1986; Weissbourd & Kagan, 1989; Zigler & Black, 1989).

In general, family support positively enhances the family's health and well-being and reduces unique stressors that the family may feel when raising a child with a disability.

For families from various cultural and linguistic backgrounds, some studies suggest that family support services may also be beneficial. Specifically, three studies concluded that the more support and resources families have, the less their perceived stress (Baxter & Kahn, 1996; McDowell, Saylor, Taylor, Boyce, & Stokes, 1995; Meadow-Orlans, 1994). In addition, one study (Barakat & Linney, 1992) concluded that increased support was positively related to mothers' psychological adjustment and children's behavior.

Baxter and Kahn (1996) surveyed 109 families residing in Chicago. Eighty-nine percent of these families were African American, 7% were Hispanic, 1% were European American, 1% were Asian, and 2% were bi-racial. The children were tested on the Bayley Scales of Infant Development (Bayley, 1969) while the caregivers responded to three different measures of family needs, supports, and stress. Baxter and Kahn (1996) found a negative correlation between the caregivers' perception of adequacy of support and their perception of their stress. They found that the more support families get, the less stress families report.

In contrast, Heller Markwardt, Rowitz, and Farber (1994) surveyed 246 families (21% Hispanic and 79% non-Hispanic white) to determine the relationship between the caregivers' perceptions of burden and their available resources. They found that the families who received more support from professionals tended to have increased feelings of burden. For the Hispanic respondents, professional support services were less likely to be helpful in accessing other services such as parent groups and acquiring information about their children's development. This was less true for the non-Hispanic respondents.

In another study, Hanline and Daley (1992) surveyed 209 families (European American 39%, African American 32%, Hispanic 29%) of children with and without disabilities residing in Florida and California. They found that European-American families of children with disabilities utilize their support network more compared to Hispanic and African-American families. European-American respondents scored lower on the family pride (i.e., "respect, trust, and loyalty within the family," p. 355) and family accord (i.e., "sense of mastery or competence," p. 355) measures. Hanline and Daley (1992) concluded that "despite the increased use of various coping strategies, the presence of a child with disabilities within European-American families in this study seemed to detrimentally affect family strengths....[they] appear to put tremendous energy into utilizing social supports, possibly to the detriment of engaging in activities that build family strengths" (p.363).

One study also found parent groups to be helpful to families from various cultural or linguistic backgrounds. Wyngaarden-Krauss, Upshur, Shonkoff, & Hauser-Cram (1993) conducted a study with 150 families residing in Massachusetts and New Hampshire. The researchers found that the parents of children with disabilities who attended parent groups, especially parents who participated more intensely than others, were more likely to increase the size of their support network and perceive their supports' helpfulness more positively. However, it is important to note that in this study, 140 (93%) of the families were European Americans and that information was not provided regarding cultural or linguistic background of the 10 families not included in the European-American category.

In a descriptive paper, Shapiro and Simonsen (1994) observed and interviewed a total of eight families and 11 professionals to determine the potential value of educational and support groups for Mexican families with children who have Down syndrome. These families attended monthly group meetings organized by the researchers. Only families who have lived in the United States five years or less were invited to the group meetings. Shapiro and Simonsen (1994) wrote that in general, educational and support groups may be beneficial to these families. They suggest that these group meetings could provide families with information and understanding about their children's disabilities. Families can also learn parenting skills and other skills to help them become contributing members of the larger community. Finally, the group meetings also provide families with additional emotional support, which may be lacking for some immigrant families.

While some studies investigate the effects of social support or parent groups on parent stress and maternal psychological adjustment, other studies identify supports received and needs expressed by families regarding support. For example, in a large study conducted in a southwest state (Sontag & Schacht, 1994), families expressed a strong need to access various family support ser-

REVIEW OF THE LITERATURE REGARDING RECOMMENDED PRACTICE

vices. Sontag and Schacht (1994) surveyed 536 families (European Americans 75%; Hispanics 15%; Native Americans 5%; African Americans 2%; Asians and others 3%) of young children enrolled in an early intervention program. Research assistants used a questionnaire developed by the authors to conduct face-to-face interviews with each family. The researchers found that while these families identify professionals as their primary source of information, over half (55%, N=536) of the respondents indicated that they did not receive information from these professionals about services that were available to them. Compared to the European-American respondents, Native American and Hispanic respondents indicated that they wanted more information on available services and their legal rights. Sixty-eight percent (N=536) of the families reported that they searched for information on their own or found it by chance. Many of the families (59%, N=536) who received information from a variety of sources reported that the information they received was often conflicting, incomplete, or erroneous.

In some of the studies, researchers found that certain types of support may have a positive or negative impact on families.

"Veteran parents provide emotional and information support... in personalized ways."

Early childhood service providers are in a unique position that may enable them to provide families with "emotional support as well as instrumental support" (Lucyshyn & Albin, 1993, p. 371). They may serve as an information source on available family support networks (on a local, state, national, and international level) as well as a liaison between the family and the available support networks (Turnbull & Turnbull, 1997). It is critical for service providers to consider individual family characteristics and needs when providing supports to families. In some of the studies, researchers found that certain types of support may have a positive or negative impact on families. Thus, service providers may need to match, adapt, or create supports to meet individual family needs. It is also important that service providers encourage and assist families to request support services that they need and let service providers know when support services are not helpful. Service providers may also serve as a channel for families to meet other families served in the program.

"Program personnel/staff introduce new families to other families in the program" (p. 382)

Families who may be new to the early intervention or preschool program may benefit from meeting other families who have been with the program for some time or who may also be starting at the same time.

According to Turnbull and Turnbull (1997), "veteran parents provide emotional and information support... in personalized ways" (p. 180). In a survey

of 570 families (European American 88% and Others 12%), Santelli, Turnbull, Marquis, & Lerner (1995) found that 47% of the respondents prefer to receive emotional support from veteran parents and 48% percent also prefer informational support. The authors also reported that 65% of the respondents said that they are receiving emotional support and 69% are receiving informational support as well.

Bailey et al. (1992) investigated the various needs identified by parents of young children with disabilities. Using the Family Needs Survey (Bailey & Simeonsson, 1988), Bailey et.al. found that mothers of children with disabilities expressed the need for opportunities to meet with other parents of children with disabilities. Sontag and Schacht (1994) found that 19% of the 536 families they interviewed identified other families who also have young children as a good source of information.

Weissbourd and Kagan (1989) wrote that various opportunities for participants (i.e., parents of children with disabilities) to share their experiences (e.g., child-rearing) with others may help them "gain strength by dealing with their experiences" (p. 23). By being around other parents and family members in similar situations, parents and family members may "gain a renewed sense of self-worth by learning that they are not alone and by sharing coping strategies with others" (Weissbourd & Kagan, 1989, p. 23). Finally, pairing veteran parents with new parents may also provide new parents opportunities to plan for their family's future.

In the literature, parent-to-parent networking was a more frequently studied support provided to culturally diverse families than any other types of support (e.g., respite care and counseling). Beckman, Newcomb, Frank, Brown, and Filer (1993) describe a federally-funded project which offers support programs to families living in a large urban community. Fifty-two families (African Americans 52%; European Americans 42%; Hispanics 2%; Asians 2%; Native Americans 2%) of infants and toddlers with disabilities participated in this program. The researchers organized parent groups to facilitate positive interaction among parents. Parents reported that these groups "allowed them to vent frustrations and explore their rights" (Beckman, et al., 1993, p. 452). Additionally, Able-Boone et al. (1992) reported that the families they interviewed identified parent support groups as the most helpful support network.

It is necessary for service providers to determine each family's comfort level in meeting and socializing with other families.

However, meeting other families may not be a priority for all families (Lieberman, 1990; Sontag & Schacht, 1994). Sontag and Schacht (1994) found that some families they interviewed were less inclined to work with other families. Compared to the European-American participants (73% of the respondents), only 50% of Native American respondents and 59% of Hispanic families report that they provide information and

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support to other families. Lieberman (1990) described a parent group program that serves Hispanic mothers of infants at-risk for disabilities. Lieberman (1990) reported that some mothers prefer to discuss their problems or issues privately with the interventionist. She reported that during the group sessions, the mothers tend to compete for the facilitator's attention and are critical of the other parents in the group. She suggests that these mothers may have a need to initially develop a trusting relationship with the professional before they are ready to share their emotions with a larger group.

The larger benefit of exchanging information is that it helps those involved realize their self-worth.

Thus, it is necessary for service providers to determine each family's comfort level in meeting and socializing with other families. Providers need to be sensitive to families' social, emotional, and logistical needs to assess their readiness and willingness to meet other families. Service providers may encourage and facilitate families to develop natural supports by providing them with opportunities to interact with other families, especially veteran families who are currently in the program or who may have transitioned to another program. For example, programs can sponsor formal and informal get-togethers and eventually encourage families to plan their own get-togethers. In some instances, pulling families together may serve as an occasion for families to share and exchange information.

"Family-to-family support services create an atmosphere which supports exchange of information among families" (p. 382)

Family-to-family support services should provide opportunities for sharing resources and information. Beckman, et al. (1993) designed support groups to provide information and feedback to the parent participants. They created an atmosphere to facilitate the exchange of information (e.g., child's disability and experiences with service system) among parents. Shapiro and Simonsen (1994) reported that the group meetings they organized provided opportunities for parents to develop friendships with other parents and form informal support networks.

Weissbourd and Kagan (1989) suggest that the larger benefit of exchanging information is that it helps those involved realize their self-worth. Within the field of early intervention, families are typically passive recipients of information and services. It has only been within the last two decades that families have been encouraged to become active participants. While families may select the level of their participation in early intervention programs, service providers should recognize the amount of valuable information families can share with other families.

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Resources available to service providers afford them with opportunities to jump-start family support services. These services may build lasting relationships among families, as well as enhance the service provider's relationship with the families with whom they work. However, service providers need to be aware of the families' priorities and needs to determine if meeting and sharing information with other families is appropriate. If families indicate an interest in meeting and sharing with other families, service providers may take on an active role in organizing events to create opportunities for families to meet. Service providers could match the format and type of meetings and other events with the families' interests and needs. For example, service providers may set up an occasion for one family to meet with another family or organize a large group meeting with more families. With time, service providers may choose to take a less active role and encourage families to take advantage of supports available within the larger community.

"Linkages to natural community supports for families are built and encouraged" (p. 382)

For many families, family support networks extend beyond early intervention programs. Beckman, et al. (1993) suggest that professionals should help link parents with other community services. Dunst, Trivette, and Deal (1994a) state that current practice surrounding the parent-professional relationship has contributed to the dependence of families on professionals as the main source of support. Encouraging families to use professional rather than natural sources of support may in the long run be detrimental to most families (Hanline & Daley, 1992). According to Dunst et al. (1994a), natural sources of support meet most of the needs of families and "the benefits of building informal support systems far outweigh the development of new professional services for meeting many unmet family needs to the extent that this is appropriate" (p. 144). Zigler and Black (1989) wrote, "...a primary function of family support programs should be to strengthen informal systems and networks, so that ultimately they will fulfill the function now performed by the more organized programs" (p. 7). Rhodes, Ebert, and Fischer (1992) wrote that natural mentors (i.e., individuals who are trustworthy, caring, supportive, and encouraging) can serve as advocates, particularly for young mothers, to help them identify and benefit from their social networks. They also suggest that mentors can serve as "buffers against the more stressful aspects of young mothers' relationships" (p. 457).

"...A primary function of family support programs should be to strengthen informal systems and networks, so that ultimately they will fulfill the function now performed by the more organized programs."

In a review of the literature, Rogers-Dulan and Blacher (1995) highlighted the importance of religion for some families who have children with

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disabilities. They cited several studies that examined the relationship between religious beliefs and the families' acceptance of their children with disabilities (e.g., Erin, Rudin, & Njoroge, 1991; McIntosh, Silver & Wortman, 1993). Rogers-Dulan and Blacher (1995) found that in many of these studies, families of children with disabilities reported that religion was not only instrumental in their acceptance of their children's disabilities but also provided them with "a sense of meaning and inner strength" (p. 230). In addition, Rogers-Dulan and Blacher (1995) wrote that religious organizations and affiliations may help families of children with disabilities gain access to other existing community supports throughout their lifetime. Heller et al. (1994) concur, finding that the Hispanic families they surveyed were more likely to perceive caring for their children with disabilities as a religious duty compared to the non-Hispanic respondents. Finally, Hanline and Daley (1992) found that among their Hispanic respondents (particularly those with typically developing children), family pride is related to the availability of and access to spiritual support.

Religious organizations and affiliations may help families of children with disabilities gain access to other existing community supports throughout their lifetime.

A service that early childhood providers could offer to families is to facilitate and encourage their use of resources outside the early intervention program. They should keep abreast of existing community services to inform families of these available supports. Providers need to establish positive relationships with these community support services. For example, they need to recognize and respect the roles of traditional healers within the community. Professionals should also advocate the development of community support systems that families may access. Early childhood service providers should also look within each family to identify other family members who may be able to provide needed support.

"Support groups can include extended family members and other family support network members if a family chooses" (p. 382)

While families are encouraged to interact with other families to gain support, many families may choose to begin with, or to limit their interactions to, their own family members.

While families are encouraged to interact with other families to gain support, many families may choose to begin with, or to limit their interactions to, their own family members. Able-Boone et al. (1992) reported that 56% (N=30) of the families they interviewed identified their extended family members as a major resource for support (e.g., child care, transportation, emotional and financial support). Baxter and

Kahn (1996) found that the families they surveyed tended to rely more on their families compared to their friends and professionals. Hanline and Daley (1992) found that the African-American and European-American families they surveyed were more likely to ask their family members to represent or assist them in an effort to get help from community resources. Heller et al. (1994) found that increased support from families was related to caregivers' reduced feelings of burden. Salisbury (1990) reported that families tended to use more of their family members to provide respite care services. Finally, in the Sontag and Schacht (1994) study, 27% (n=536) of the families identified family or friends as their source of information about their child with a disability.

Few studies have been conducted to investigate the impact of extended family members on family members who have children with disabilities (Turnbull & Turnbull, 1997). Turnbull and Turnbull (1997) wrote that in most of these studies, researchers found that specific extended family members such as grandparents (e.g., Vadasy & Fewell, 1986) play a critical role in assisting their family members in a variety of ways (e.g., respite care, financial assistance, emotional support).

A key piece of information that early childhood service providers should obtain from families they work with is, "Who are the individuals whom the family consider as members of their family?" Different families have different family structures. Individuals considered as family members vary from family to family.

Some families may only consider members of their nuclear family (e.g., spouse and children) as family members. Other families may consider individuals who are related to them by birth as family members. These individuals may include grandparents, uncles and aunts, nephews and nieces, and cousins. Families may refine this further by including or excluding individuals such as second cousins.

Other families include individuals who are not related by blood as family members. These individuals may include in-laws, godparents, neighbors, co-workers, clergy, and even the service provider. Thus, it is important for service providers to recognize and accept existing family structures. For example, if a family has grandparents living in the household and participating in child rearing, the service provider should recognize and involve the grandparents in deciding services for the child. Turnbull and Turnbull (1997) wrote that "only after they identify these extended family members should they try to identify culturally sensitive ways for creating a reliable alliance" (p. 106).

Limitations Of Studies Reviewed

The studies reviewed in this paper present pertinent information relevant to family support services as applied to children and families from various cultural and linguistic backgrounds. However, two major limitations of these studies should be considered when interpreting, generalizing, and applying the data gathered from these studies.

Limitation of Measures Used

All of the studies reviewed provide a description of the measures used to collect the data. Each study used instruments to identify types of supports families need or are receiving. Examples of these instruments include the Family Needs Survey developed by Bailey and Simeonsson in 1988 (Bailey et al., 1992; Cooper & Allred, 1992) and the Family Support Scale developed by Dunst, Jenkins, and Trivette in 1984 (McDowell et al., 1995; Meadow-Orlans, 1994; Salisbury,1990; Thompson, Lobb, Elling, Herman, Jurkiewicz, & Hulleza, 1997; Wyngaarden-Krauss et al., 1993). In addition, some of the researchers developed their own questionnaire or survey (Able-Boone et al., 1992; Heller et al., 1994; Santelli et al., 1995; Sontag & Schacht, 1993; 1994). The majority of these measures are in Likert scale form (e.g., Family Support Scale and Family Resource Scale). This was also evident in another literature review conducted by McGrew, Gilman, and Johnson (1992). They reported that 80% (N=15) of the family assessment scales they reviewed were in Likert scale form. Most of the measures used in these studies are questionnaires which the respondents completed on their own (Baxter & Kahn, 1996; Cooper & Allred, 1992; Hanline & Daley, 1992; McDowell et al., 1995; Santelli et al., 1995; Thompson et al., 1997) or were delivered by research assistants via telephone (Salisbury, 1990) or face-to face interviews either at home or in a community setting (Able-Boone et al., 1992; Sontag & Schacht, 1993; 1994). Some studies combined face-to-face interviews in the hospital or clinic (Barakat & Linney, 1992; Meadow-Orlans, 1994), at-home (Heller et al., 1994), or in other settings (Wyngaarden-Krauss et al., 1993) with self-administered questionnaires.

The assumption when using measures such as those used in the majority of the studies reviewed is that these instruments would provide information on specific variables that are being examined. However, it is possible that this procedure for collecting information may not be the most efficient and effective way of collecting information from some families. For some families, it is possible that being interviewed by an unfamiliar individual may be in conflict with their value system. There are also some families who may feel that a five-point scale may not adequately reflect their needs, thoughts, and feelings. Finally, some of the measures,

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especially the self-administered questionnaires, may require a certain level of literacy as well as acculturation.

Several of the studies (McDowell et al., 1995; Meadow-Orlans, 1994; Salisbury, 1990; Thompson et al., 1997; Wyngaarden-Krauss et al., 1993) used the Family Support Scale or FSS developed by Dunst, Jenkins and Trivette (1984). This 18-item self-administered measure was "designed to assess the degree to which potential sources of support have been helpful to families rearing young children," (Dunst, Trivette, & Hamby, 1994b, p. 152). In a recent study, Dunst et al. (1994b) report substantial amount of data with a normative sample size of 224 parents to support the validity and reliability of the FSS. While this may be a useful measure for many families, it is not clear how some families may react or respond to this type of data gathering. Bailey and Simeonsson (1988) and McGrew et al. (1992) suggest that early childhood service providers should utilize a variety of sources and measurement strategies to identify family needs. For example, in addition to surveys and rating forms, service providers may conduct naturalistic observations or interviews to gather information. They should also gather information from a variety of sources including extended family members and respected community leaders.

For many of the instruments used in the studies reviewed in this paper, normative data is limited. For example, many of the studies used the Parenting Stress Index (PSI, Abidin, 1986) to measure parent stress levels (e.g., McDowell et al., 1995; Meadow-Orlans, 1994; and Wyngaarden-Krauss et al., 1993). Of the 15 family assessment scales McGrew et al. (1992) reviewed, only two included normative data: the parent scales for the PSI and the Quality of Life. They wrote that the sample used to norm the PSI was not representative "of the United States population in terms of geographic region, racial composition, family income, educational levels of the parents, and marital status of the mother" (p. 7).

Early childhood service providers should utilize a variety of sources and measurement strategies to identify family needs: surveys and rating forms, naturalistic observations or interviews. They should also gather information from a variety of sources including extended family members and respected community leaders.

More recent studies normed the PSI across urban, low-income, African-American mothers of infants and toddlers (Hutcheson & Black, 1996); European Americans (Abidin, 1990 as cited in Hutcheson & Black, 1996); and Hispanic mothers (Solis & Abidin, 1991 as cited in Hutcheson & Black, 1996). Interestingly, two of the three studies reviewed in this paper that used the PSI did not provide specific information regarding the cultural or linguistic backgrounds of their participants. Thus, it is possible that there may not be any existing normative data to compare the study participants' responses on the PSI.

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Limitations of Study Participants

Several empirical studies were found that pertained to social support. However, only 15 of these studies include information about cultural or linguistic backgrounds of the participants and also include families who are not European Americans. All of the studies reviewed provide a description of the adult and child participants. There are three major limitations regarding the participants in the empirical papers reviewed: (1) lack of cultural or linguistic representation of participants; (2) overrepresentation of mothers as participants; and (3) limited background information on participants.

There are three major limitations regarding the participants in the empirical papers reviewed: (1) lack of cultural or linguistic representation of participants; (2) overrepresentation of mothers as participants; and (3) limited background information on participants.

There is also an obvious lack of representation of specific populations in these studies in relation to the proportion of various cultural and linguistic groups represented in the United States.

Lack of Cultural or Linguistic Representation

For many of the studies reviewed, European-American families make up the majority of the participants. Their proportion ranges from 39% to 97% across studies. Baxter and Kahn (1996) is the only study with an overwhelming majority of non European-American families (i.e., African American, Hispanic, and bi-racial) participating in the study. One study (Heller et al., 1994) focuses on Hispanic families. However, only 21% (N=246) of the participants are of Hispanic descent while 79% are described as "non-Hispanic white" (p. 292). Finally, no studies are found that focus mainly on Native American and Asian families. Interestingly, most of the papers found that relate to specific cultural groups are either value-based or descriptive (e.g., Lieberman, 1990; Rogers-Dulan & Blacher, 1995; and Smith & Ryan, 1987).

The underrepresentation of specific cultural and linguistic groups in these studies presents a concern with regard to the generalizability of study outcomes to families from various cultural or linguistic groups. It is important to remember that in many of the studies reviewed, the general conclusions and sweeping generalizations that researchers may make are based on a very small sample of a specific group in a particular location living in specific situations and circumstances.

There is also an obvious lack of representation of specific populations in these studies in relation to the proportion of various cultural and linguistic groups represented in the United States. While there was only one study that pertained specifically to Hispanic and African-American families, these groups were more often represented in available research compared to Native American

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and Asian families. There are no empirical studies found on family support that focus on Native American and Asian families of children with or at-risk for disabilities.

Overrepresentation of Mothers

Much of the data available is based mostly on the mothers' perceptions. Less than half of the studies include both mother and father (Cooper & Allred, 1992; Hanline & Daley, 1992; Meadow-Orlans, 1994) and/or other caregivers (Bailey, Blasco, & Simeonsson, 1992; Baxter & Kahn, 1996; Salisbury, 1990; Thompson et al., 1997). Four studies include only mothers (Able-Boone et al., 1992; Barakat & Linney, 1992; McDowell et al., 1995; Wyngaarden-Krauss et al., 1993) and four studies do not provide a breakdown of information regarding the gender or role in the family of their participants (Heller et al., 1994; Santelli et al., 1995; Sontag & Schacht, 1993; 1994). Opinions and views of other family members are therefore unknown. It is important to be aware that many families include several adults who also participate in family decision-making and financial support. Gathering information from other family members can help further understand the family's use of social supports.

Limited Background Information

Some studies provide limited information about their participants. None of the studies include information about the adult participants' occupation. Other variables that are often missing include socio-economic status (Able-Boone et al., 1992; Heller et al., 1994; Thompson et al., 1997), adult participants' education level (Able-Boone et al., 1992; Bailey et al., 1992; Baxter & Kahn, 1996; Heller et al., 1994; Santelli et al., 1995; Sontag & Schacht, 1993; 1994; Thompson et al., 1997), and adult participants' age (Bailey et al., 1992; Baxter & Kahn, 1996; Heller et al., 1994; McDowell et al., 1995; Salisbury, 1990; Santelli et al., 1995; Sontag & Schacht, 1993; 1994). In addition, adult participant information that may be useful includes marital status and geographical location. Finally, for the child participants, information regarding their gender and degree or severity of their disability is lacking in many of the studies.

Many families include more than one adult who also participate in family decision-making and financial support.

For families who are culturally or linguistically diverse, additional information such as acculturation, generation, country of origin, and immigration status may be important to know especially when determining the availability and size of a family's social support. For example, acculturation can play an important role in a family's belief in and access to family supports, but these variables are seldom included in the

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analysis. There is a need to specify unique characteristics of each family unit to avoid generalizing and stereotyping. Finally, it is important to provide information regarding specific cultural and other related variables that may potentially have an impact on the efficacy, relevance, and appropriateness of current family support practice and services.

Guiding Principles for Recommending and Implementing Family Support Services

Based on the literature review, providing family support services is a complex process. Each family has unique needs for and perceptions of family support. This underscores the importance of being cognizant of the fact that current practices, including DEC recommended practice, may be appropriate for some families and not others. Guiding principles should be considered by service providers when they select and implement appropriate practice on family support services. These guiding principles are not exhaustive nor are they presented in any hierarchical order. Principles include: (1) Viewing families individually; (2) Considering individual perspectives of family support; (3) Understanding and accepting families' level of participation; (4) Being aware of the factors that contribute to the family's underutilization of service-focused support; (5) Tapping resource-focused support; (6) Providing comprehensive family supports; and (7) Being aware of and responsive to cultural and linguistic differences across families.

> Family support should be tailored to the needs, priorities, and preferences of the individual family. Existing family support services should be flexible to include families' unique perceptions of family support.

Viewing Families as Individuals

The main caveat when working with children and families is to treat each family as an individual. Each family has a different set of needs, coping strategies, values, traditions and customs, and perceptions. While it is easy to group families according to their cultural and linguistic backgrounds, socio-economic status, education, occupation, religion, and geographical location, not all families may easily fit within each

category. For example, not all families who have extended family members living in the same community may access their extended family members' support. It is possible that they may not share the same values such as perception of the child's disability (e.g., embarrassment versus blessing to the family). Therefore, family support should be tailored to the needs, priorities, and preferences of the individual family. Service providers should be aware of the availability of a variety of family support services. In addition, existing family support services should be flexible to include families' unique perceptions of family support.

Considering Individual Perspectives on Family Support

Family needs are complex (Dunst et al., 1988; 1994a). Depending on their specific situation and resources, the types of supports provided may vary from family to family (Deiner & Whitehead, 1988). Families' response to these types of family supports may also vary considerably; thus, the impact of these supports may also differ. For example, some families may need emotional support, whereas other families may need material aid. Some families may perceive their service provider as a member of the family when their own family members are unavailable (e.g., immigrant families), while others may perceive their service provider as an outsider. Thus, it is critical to look at individual families' characteristics, needs, resources, and their interactional social worlds when providing family support. Since each family is an individual unit, families may perceive supports differently. Thus, it is important to know what types of family supports work for what families under what conditions. For example, Deiner and Whitehead (1988) wrote that no one type of respite care is suitable for all families. By being aware of the family's situation and resources, service providers can match and offer the appropriate respite care service.

It is critical to look at individual families' characteristics, needs, resources, and their interactional social worlds when providing family support.

Both service-focused and resource-focused supports are essential to the child and the family. Figure 1 illustrates the interaction between the child and the family and available service-focused and resource-focused supports. The child and the family are in the base of the triangle. The two sides represent the sources of support (i.e., service-focused and resource-focused). The distance of the types of supports from the child and family varies depending on the family's perceptions of needs and supports. Distance may be physical. For example, families may only access support, services, and facilities that are easily accessible to them or in their community such as parent organizations, therapy services, neighbors, and extended family. Another type of distance may be social or emotional. An example of emotional distance may be the relationship between the preschool teacher and the family. A family may turn to the

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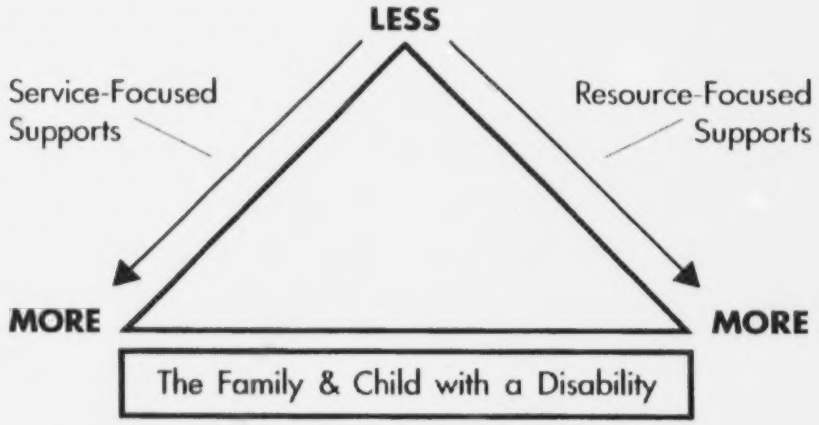

Figure 1. The Interaction Between the Family and the Child with a Disability and the Available Supports

teacher for support if they feel some semblance of emotional intimacy with the teacher. The closer the type of support is to the child and family, the stronger the impact it has on the family no matter what type of support. The teacher who has developed a solid relationship with a family may have a strong influence on the family's implementation of the child's service plan.

> It is also important that family supports be clearly defined and provided individually in response to each family's needs.

Moreover, the types of support that are closer to the child and family are ones that families may first access during significant events. For example, in times of crisis, some families may first consult with their religious leader for support. The nearer the type of support is to the base (i.e., child and family), the closer the relationships. For example, some families may have closer relationships with service providers and perceive their support as more important to the family. For another family whose extended family has a negative attitude towards their child with the disability, the family may perceive the extended family as less helpful; thus, the extended family is farther away from the base. It is therefore important that family supports be clearly defined and provided individually in response to each family's needs.

Understanding and Accepting Families' Level of Participation

As a rule of thumb, any type of help the professional provides to the family, be it providing access to a variety of family supports or providing specific intervention to the child, the family should know

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that they have an option to participate. Some families may not vocalize this intent or understand the concept of "choice" when receiving services. Service providers should be aware that the level of families' participation in activities differs depending on each family's characteristics, situation, priorities, resources, and needs. Some families may view their role as advocates for their children's welfare and well-being; thus, they may choose to be actively involved in decision and policy-making processes. On the other hand, some families may view service providers as "experts" and thus may choose to be passive recipients of services. In both cases, service providers should encourage families to choose their level of participation and understand and accept families' choices. However, some families may choose not to participate for a variety of reasons. Therefore, service providers may need to be aware of the factors that may contribute to the underutilization of supports and services by families.

Being Aware of Factors That Contribute to the Underutilization of Service-Focused Supports

A number of studies suggest that several variables (e.g., socio-economic, cultural or linguistic diversity, or geographical location) may contribute to the underutilization of service-focused supports such as early intervention programs (Arcia & Gallagher, 1993; Arcia, Keyes, Gallagher, & Herrick, 1993; Heller et al., 1994; Smith & Ryan, 1987; Sontag & Schacht, 1994). Arcia and Gallagher (1993) interviewed 15 Part H coordinators representing various states to gather information regarding populations underserved within the Part H system. The four groups identified by the coordinators as underserved include rural populations; Native American and Hispanic families; upper-income European-American families; and very low-income families, specifically migrant families. For many of these families, accessibility to services was a major barrier (e.g., physical distance to services available and lack of transportation). For families with different cultural or economic backgrounds, additional barriers include lack of qualified service providers, lack of appropriate materials and information, and language and cultural differences between the families and service providers.

The level of families' participation in activities differs depending on each family's characteristics, situation, priorities, resources, and needs.

In another study, Arcia, et al. (1993) identified factors that may contribute to underutilization of services by families with children under the age of five. These factors include cultural or linguistic background, socio-economic status,

Several variables (e.g., socio-economic, cultural or linguistic diversity, or geographical location) may contribute to the underutilization of service-focused supports such as early intervention programs.

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For families with different cultural or economic backgrounds, additional barriers include lack of qualified service providers, lack of appropriate materials and information, and language and cultural differences between the families and service providers.

employment of mothers, family composition, mother's education, family size, and mother's age. They focused their analysis on three specific cultural groups: Hispanics, European Americans, and African Americans. Based on their estimates, the three most prevalent determinants of underutiliza-tion of services are families' cultural background (32%), children whose mothers are employed (54%), and families with very low income (35%).

Based on estimates, the three most prevalent determinants of underutilization of services are families' cultural background, children whose mothers are employed, and families with very low income.

Sontag and Schacht (1993) interviewed 536 families living in Arizona regarding their utilization of service-focused supports. Their sample included European-American families, Native American families, and Hispanic families. While no statistical difference was found between cultural representation of the sample from the rest of the state, the researchers did not provide a breakdown of the numbers of the sample by cultural groups. Sontag and Schacht (1993) found that rehabilitative, educational, or family support services were not received by most families. Over 51% (N=536) of the families they interviewed received some medically related services (i.e., specialists and medical tests) and developmental screening tests. Families also reported receiving more services in the areas of screening (45%), occupational therapy (42%), service coordination (41%), speech therapy (36%), and home visiting (35%). Families report receiving less support in respite care (17%), transportation (15%), parent education (11%), behavior therapy (5%), and nursing care in the home (5%). Sontag and Schacht (1993) also compared families' responses according to their cultural backgrounds. Compared to their European-American counterparts, Native American and Hispanic families reported that their children were less likely to receive surgery, genetic counseling, and special equipment and supplies. Furthermore, Native American and Hispanic families expressed a greater need to receive information about how to receive services than European-American parents. The researchers concluded that parents were often not informed about the range of service options available. They also wrote that information about other kinds of services — rehabilitative, educational, and family support services — may not be available or accessible to these parents.

Heller et al. (1994) surveyed and interviewed 246 families of young children and adults with developmental disabilities (Mexican 34; Puerto Rican 15; Colombian 1; Peruvian 1; and non-Hispanic white 195). Using a variety of self-administered measures, the re-

searchers compared Hispanic and non-Hispanic white families in terms of the interaction between their family characteristics, religious values, and support resources with caregiving of a family member with mental retardation. They found that Hispanic families were more likely to report difficulties with the formal support system, particularly in accessing information and services. According to Heller et al. (1994), this may be due to language barriers.

Smith and Ryan (1987) interviewed 59 Chinese families of children with disabilities (age range: birth to 14 years old) living in New York City. The researchers reported that language barriers impacted these families' use of formal services. They suggested that the lack of Chinese-speaking service providers, and/or translated and culturally appropriate materials and information, may have affected parents accessing services for their children. Smith and Ryan (1987) found that when the families could not access formal support services, they turned to informal sources of support, such as family members, relatives, friends, and neighbors. Thus, it is important for service providers to be aware of and to tap each family's existing support networks.

Tapping Resource-Focused Supports

Some families may not access service-focused supports for a variety of reasons (e.g., willingness to participate in the program, non-eligibility for service-focused supports, monetary reasons, inaccessibility or non-availability of support services). Instead, they may utilize more of their resource-focused supports. Several researchers highlighted the importance of resource-focused supports to families (Anderson, 1989; Chan, 1992; Dunst et al., 1988; Dunst et al., 1994a; Shu-Minutoli, 1995; Thompson et al., 1997; Zigler & Black, 1989).

Thompson et al. (1997) conducted a mail survey to determine the impact of early intervention services on Michigan-based families' perceptions of empowerment. Two hundred seventy families responded to the questionnaire (European American 79%; African American 10%; Hispanic 5%; Asian 2%; Native American 2%; Other 2%). Thompson et al. (1997) wrote that current legislation (i.e., Part H) did not encourage service providers to take advantage of the families' existing resources. Current practice focused on building and providing more service-focused supports thereby overlooking resource-focused supports. This view was also shared by other researchers (e.g., Dunst et al., 1988; Dunst et al., 1994a; Zigler & Black, 1989).

Dunst et al. (1988) state that informal support from personal social networks has mediating effects that can buffer life stressors.

Dunst et al. (1988) state that informal support from personal social networks has mediating effects that can buffer life stressors. They indicate that the effects of informal support are greater than those of formal support. In times of

stress or crisis, most families rely more on natural resources for enduring emotional support than on professionals (Shu-Minutoli, 1995). For most families, the extended family serves as the primary source of natural support (Anderson, 1989; Chan, 1992). It is therefore important that service providers facilitate and encourage families to use resources outside the professional supports (i.e., early intervention program). Furthermore, service providers should be aware of the array of support services existing in and outside of the family's network.

Providing Comprehensive Family Supports

Families may need different types of family support at different times. For example, meeting with other families with children with disabilities may be important for families who have recently found out about their child's disability and are new to the early intervention system. For other children the needs of the family for family support may be different. Some families may need support to access information regarding financial sources for their child's medical expenses. It is important for service providers to be aware of the range of available family support services so that they may customize the family support services based on families' multiple needs. For example, a family may need a variety of services at one time such as emotional support, financial support, and respite care. Other families may have a combined need for support in marriage counseling, information on child rearing, and family recreation opportunities. To find the appropriate match between the supports and family needs, characteristics, priorities and preferences, it is necessary and critical for professionals to be culturally sensitive and competent.

To find the appropriate match between the supports and family needs, characteristics, priorities and preferences, it is necessary and critical for professionals to be culturally sensitive and competent.

Being Aware of and Responsive To Cultural and Linguistic Differences Across Families

Lieberman (1990) wrote that "cultural sensitivity is, at its best, a specialized form of interpersonal sensitivity" (p. 10). Service providers should realize that every family is part of a dynamic culture. For example, Lieberman (1990) wrote that the culture of many immigrant families may be in transition. She said that as immigrant families try to adapt to their new environment, they may lose part of their "home" culture and gain some aspects of the "new" culture.

Service providers should also understand that families do not differ by cultural or linguistic background alone. In fact, some families' values, traditions, and customs may not necessarily be representative of the cultural or linguistic group they may identify with (Hanson, Lynch, & Wayman, 1990). For

example, not all families of Asian heritage look to their extended family for support. Some factors that may come into play are: acculturation, geographical location (e.g., accessibility to other family members, other families of children with disabilities, early intervention programs, and community services), and individual family characteristics.

Moreover, families may not identify themselves based on their racial or cultural heritage (Garcia, 1997). For example, some families may identify themselves according to their economic status (e.g., upper middle-income) or their family structure (e.g., single-parent family). Thus, it is important for service providers to look at families as individuals and not to stereotype or place them in categories. "Everything we do to understand a family's culture will improve the quality of our work: learning about its traditions, trying to understand the origin and the function of its values, appreciating the benefits and empathizing with costs inherent in its world view" (Lieberman, 1990, p. 10).

Conclusion

Matching families' perception of and need for support with available support is critical in providing comprehensive quality services. Fifteen empirical studies that pertain to family support were reviewed to examine current practices (i.e., DEC recommended practice) on family support. Limitations of the studies reviewed include underrepresentation of culturally and linguistically diverse groups, overrepresentation of mothers' views, and the lack of background information on the participants.

Limitations on the measures used in each of the studies were also found. Literature on family support suggests that current practices, especially the DEC recommended practice, may be appropriate for some families and not others. Guiding principles should be considered by service providers when they select and implement appropriate practice on family support services.

The current focus of family support practices must include a wider variety of family supports to meet the unique needs of families. To provide quality and comprehensive family support that is appropriate and compatible with the needs, priorities, and preferences of individual families, service providers need to consider the following guiding principles: (1) view families as individuals; (2) consider individual perspectives of family support; (3) understand and accept families' level of participation; (4) be aware of factors that contribute to

CONCLUSION

the families' underutilization of service-focused support; (5) tap resource-focused support; (6) provide comprehensive family supports; and (7) be aware of and responsive to cultural and linguistic differences across families.

It is important to note that this review included a limited amount of existing family support literature. This review may not capture the range and complexity of family support practices. The guiding principles suggested are not exhaustive; however, they may create a better understanding of family support practices, especially for culturally and linguistically diverse families. Finally, these principles may serve as a guide for developing relevant and responsive practices in the future.

Additional information on the research articles reviewed in this technical report can be downloaded off the CLAS Web site under *Technical Reports*: http://www.clas.uiuc.edu/techreport/tech10.html.

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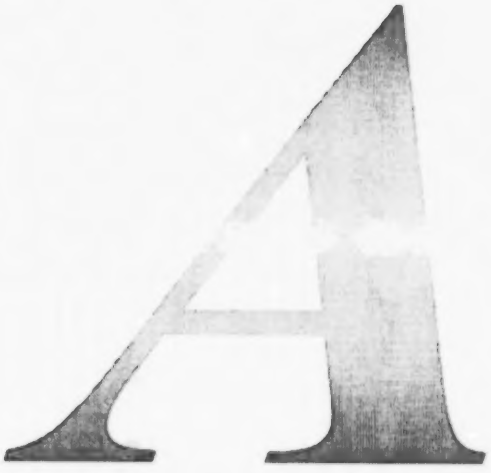

Annotated Bibliographies

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Hanline, M. F., & Daley, S. E. (1992). Family coping strategies and strengths in Hispanic, African-American, and European-American families of young children. Topics in Early Childhood Special Education, 12(3), 351-366.

Summary

This study examined the relationship between maternal perceptions of family coping strategies and family strengths in Hispanic, African-American, and European-American families of young children (mean age = 36 months) with and without disabilities. Of the 206 participants, 59 participants (29%) were Hispanic, 66 (32%) were African American, and 81 (39%) were European American. Approximately 60% to 70% of participants in each ethnic group were mothers of children with disabilities. Data were collected from the Family Strengths questionnaires and the Family Crisis Oriented Personal Evaluation Scales (F-COPES). Within-culture analysis showed that the use of internal family coping strategies tended to be more predictive of family strengths than the use of social supports outside the family within all three ethnic groups. Results reveal no difference in family coping strategies and family strengths between Hispanic families of children with and without disabilities, one difference related to social support among African-American families, and multiple differences among European-American families.

McDowell, A. D., Saylor, C. F., Taylor, M. J., Boyce, G. C., & Stokes, S. J. (1995). Ethnicity and parenting stress change during early intervention. Early Child Development and Care, 111, 131-140.

Summary

This study examined the relationship between stress, development and intervention for families of different ethnic backgrounds. The sample consisted of 105 infants between one and three years of age (66 European American and 39 non-European American) with intraventricular hemorrhage (IVH) participating in an early intervention program. Correlational analyses showed that slower developmental progress, along with declines in family resources and social support, coincided with increases in parenting stress. Unlike the full sample and the European-American sample, the non-European-American families' stress changes over the course of intervention and is correlated only to income change, not to the child's developmental progress or changes in social support.

Shapiro, J., & Simonsen, D. (1994). Educational/Support group for Latino families of children with Down syndrome. Mental Retardation, 32(6), 403-415.

Summary

This study described and analyzed experiences and observations based on an ongoing parent education support group for Mexican-origin Latino parents of children with Down syndrome. Culturally mediated concepts were discussed regarding their relevance to group functioning, including group structure, membership, and leadership. Particular concerns of this population that affect maintenance and growth of the group were examined. The implications of such support groups for this parent population were discussed.

Sontag, J. C. (1994). An ethnic comparison of parent participation and information needs in early intervention. Exceptional Children, 60(5), 422-433.

Summary

This study explored the ethnic differences of parents' perception of information needs and the nature of parent participation in early intervention. The sample consisted of 536 families. The ethnic distribution was 75% European American, 15% Hispanic, 5% Native American, 2% African American, and 3% Asian American and other groups. Results suggested the need for providing more and better information to all parents, and the importance of medical doctors as a source of information. Individualizing the type and source of information to different ethnic groups, and identifying unique strategies to support the participation of parents from different ethnic groups, were highly desired. Differences in information needs and parent participation in early intervention were significant among European-American, Native-American, and Hispanic parents. Compared to European-American parents, Native American and Hispanic parents reported more difficulties in obtaining information about their child's problem or what could be done for their child. They were less engaged in the coordinating role. In addition, Hispanic and Native-American parents were less involved with other parents who have children with special needs.

Sontag, J. C., & Schacht, R. (1993). Family diversity and patterns of service utilization in early intervention. Journal of Early Intervention, 17(4), 431-444.

Summary

This study investigated the nature of early intervention services received and differences in the type of services based on family ethnicity, income, and the age of the child. Interview data on 584 children from 536 families in a Southwest state were collected and analyzed. Ethnic and economic representation were proportionally equivalent to the state as a whole. Five percent of the children in the sample (n=28) were 4 years of age; all the other children were under 4 years of age. Thirty-three percent of families were receiving medical assistance. Significant ethnic group differences were found among European-American, Native-American, and Hispanic families regarding the type of educational, rehabilitative, and family support service received, especially in the following three services: physical or occupational therapy, home visitation, and transportation. Children who received medical assistance were significantly more likely to have surgery, hospitalizations and developmental screenings and evaluations than children from low income categories. Children less than 18 months of age were less likely to be receiving some services, such as physical or occupational therapy, vision or hearing training and screening, speech and language therapy, etc.

R Resources

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Mental Health in Head Start: A Partner for Families and A Discussion Guide to the Video Presentation of Mental Health in Head Start: A Partner for Families

[Video]

Kirsten A. Hansen

Summary

This 29-minute videotape with accompanying discussion guide presents information related to the importance of parents as their child's first teachers, mental health aspects of parenting, and how Head Start programs can support parents in building the mental health of their preschool children. The role of the Head Start Mental Health Coordinator, who connects families with mental health services, is described. The video then explores strategies parents can implement to provide a supportive environment and develop a child's emotional well-being.

Bibliographic Information

Kirsten A. Hansen. Mental Health in Head Start: A Partner for Families [Video] and A Discussion Guide to the Video Presentation of Mental Health in Head Start: A Partner for Families (1994). Head Start Bureau; Administration for Children, Youth and Families: Alexandria, VA (20 pages). Language: English

Availability

May be ordered from: *(Contact producer regarding price.)*
Head Start Bureau; Administration for Children, Youth and Families • Head Start Publications Management Center • Order Fulfillment Department • P.O. Box 26417 • Alexandria, VA 22313 • (703) 683-2878 *phone* • (703) 683-5769 *fax* • puborder@hskids-tmsc.org *e-mail* • http://www.hskids-tmsc.org/ *web*

Producer Information

Intended User Audience: The intended user audience is parents and families of Head Start children from all linguistic and cultural backgrounds.

Product Development: Ms. Hansen holds a M.Ed. in early childhood special education. The children and families in the videotape are Head Start families from Head Start programs in the eastern portion of the U.S. The children and families are from several cultural and linguistic backgrounds, including European American,

Producer Information (cont.)

Native American, African American, and Vietnamese. The narrator of the introduction and explanatory segments is an actor, but Ms. Hansen wrote the script.

Product Evaluation: The videotape was evaluated during development through Head Start Programs.

Product Dissemination: Unknown quantities of the videotape have been disseminated throughout the U.S. The material was initially distributed to all Head Start programs.

Amistad: Stories of Hispanic Children with Disabilities and Their Friendships

The Beach Center on Families and Disabilities

Summary

This book is the product of a research project exploring successful friendships of Hispanic-American children with disabilities from a variety of communities and settings nationwide. Ten such anecdotal short stories are included, as is a final section of tips for families and educators interested in facilitating similar friendships. The material is presented in English and Spanish. (See La Amistad: Unas Historias de niños hispanos con discapacidades y sus amistades)

Bibliographic Information

The Beach Center on Families and Disabilities. Amistad: Stories of Hispanic Children with Disabilities and Their Friendships (1997). Beach Center on Families and Disability: Lawrence, KS (41 pages). Language: English, Spanish

Availability

May be ordered from:
Beach Center on Families and Disability • University of Kansas • 3111 Haworth • Lawrence, KS 66045 • (913) 864-7600 *phone* • 913-864-7605 *fax* • Beach@Dole.lsi.ukans.edu *e-mail*

Producer Information

Intended User Audience: The intended users of the material are parents and family members, service delivery personnel, administrators, faculty and trainers, paraprofessionals in early childhood education, speech pathology, social work, and special education. The book was developed for all those interested in facilitating friendships for individuals with disabilities. Although these friendship stories involve Hispanic children, there is much to be learned that has relevance for other cultural and linguistic groups.

Producer Information (cont.)

Product Development: The book was developed at the Beach Center on Families and Disability by largely Hispanic individuals – both English- and Spanish-speaking. The book was developed as a result of a qualitative study of the friendships of Hispanic children with disabilities. The researchers were European American and Hispanic.

Product Evaluation: The stories were sent back to the families for feedback and review before the book was published.

Product Dissemination: An unknown number of books have been disseminated throughout the U.S. and Canada.

Family Support Guidelines for Effective Practice in the Early Intervention Service System for Families of Infants and Toddlers with Disabilities or At Risk

The Interagency Coordinating Council
Family Support Services Workgroup

Summary

These guidelines were developed to provide a functional and practical resource to ensure family-centered services in California's early intervention system. An overview provides a definition of family support services and explains the provisions and mandates of Part C of the Individuals with Disabilities Education Act. Guidelines for family resource centers and networks follow, addressing community outreach and awareness, parent-to-parent support, personnel development, and organizational structure. Guidelines for agencies and early intervention programs are then given, addressing procedural guidelines for family support, family empowerment strategies, and family support in the Individual Family Services Plan process. Recommendations for implementation are then given for state agencies, family resource centers and networks, and local early intervention service providers. Appendices include a mission statement and family support principles.

Bibliographic Information

The Interagency Coordinating Council Family Support Services Workgroup. Family Support Guidelines for Effective Practice in the Early Intervention Service System for Families of Infants and Toddlers with Disabilities or At Risk (1994). Early Start Resources: Sacramento, CA (22 pages). Language: English

Availability

May be ordered from:
Early Start Resources • Department of Developmental Services • Prevention and Children Services Branch • 9th Street, Room 310 • P.O. Box 944202 • Sacramento, CA 94244 • (800) 869-4337 *phone* • esr@wested.org *e-mail*

Available for people in California at no charge; others call producer for more information.

Producer Information

Intended User Audience: The family support guidelines for effective practice were developed for any public or private agency that receives Part C funds or provides services to Part C-eligible infants and toddlers as a part of California's early intervention service system. This includes regional centers and local educational agencies as the mandated providers of Part-C services, as well as early intervention programs that provide direct services for infants, toddlers, and families.

Product Development: This material presents an overview of the need for and definition of family support services and the way to use this material. It is divided into the following sections: family resource centers and networks, and agencies and early intervention programs. Finally, recommendations for implementation are provided.

Product Evaluation: There was no formal evaluation with the material.

Product Dissemination: Many copies have been distributed to local regional centers, education agencies, and family resource centers/networks. However, the number of copies disseminated is not known.

Family Centered Service Coordination: A Manual for Parents

Irene N. Zipper
Colleen Hinton
Marie Weil
Kathleen Rounds

Summary

Designed for parents, this manual discusses service coordination to assist families in caring for an infant or toddler with developmental delays or disabilities. Chapters address: (1) early intervention legislation and early intervention services; (2) parent and service coordinator collaboration and the role of the service coordinator; (3) the service coordination process, developing the Individualized Family Service Plan, and the ongoing relationship with the service coordinator; (4) the professionals involved in early intervention teamwork and the role of the nurse, pediatrician, occupational therapist, physical therapist, nutritionist, psychologist, speech and language specialist, audiologist, social worker, and early childhood special educator; (5) connecting with other parents and parent advocacy groups; (6) support services; (7) problem-solving when things aren't working, advocating for a child, and procedural safeguards; and (8) transitioning to preschool services. Appendices include a glossary of early intervention terms and a checklist for parents.

Bibliographic Information:

Irene N. Zipper, Colleen Hinton, Marie Weil, Kathleen Rounds. Family Centered Service Coordination: A Manual for Parents (1993). Brookline Books: Cambridge, MA (33 pages). Language: English

Availability

May be ordered from:
Brookline Books • P.O. Box 1047 • Cambridge, MA 02238 • (800) 666-2665 *phone* •
(617) 868-1772 *fax* • brooklinebks@delphi.com *e-mail* •
http://www.brooklinebooks.com/ *web*

Discounts for bulk orders are available; contact producer regarding price.

Producer Information

Intended User Audience: The intended audience for this manual is families with young children (birth to 3 years) with disabilities.

Producer Information (cont.)

Product Development: The authors were faculty members in the school of social work at University of North Carolina-Chapel Hill working at the Frank Porter Graham Child Development Center. The authors were European-Americans. The book underwent extensive review by family members from family advocacy organizations from across the nation. The input of these family members was incorporated into the final writing of the book.

Product Evaluation: The book was not formally evaluated once it was printed.

Product Dissemination: Thousands of copies have been disseminated nationwide.

Family Partnerships: A Continuous Process: Training Guides for the Head Start Learning Community

National Alliance of Business Inc. [for the Head Start Bureau]

Summary

Noting that developing a Head Start family partnership is an ongoing process that begins at enrollment and continues through transition out of the program, this guide for directors and staff looks at the process of developing such partnerships and provides the skills and information needed to form meaningful partnerships. Following an introductory section, the guide presents four training modules. Each module details expected outcomes, key concepts, background information, learning activities, and next steps. Handouts are included for each module.

Module One, "Partnering with Families," guides and encourages staff in the use of professional practices to engage each family in a family partnership agreement process. Module Two, "Exploring Family Growth," takes an in-depth look at the family's growth and development and provides information for assessing the impact of significant life events. Module Three, "Making Family Goals a Reality," provides staff training on helping families identify and achieve their goals utilizing a six-step approach. Module Four, "Practicing Professionalism," examines strategies surrounding the professional issues of confidentiality, roles and boundaries, mandated reporting and record-keeping. The final section of the guide contains continuing professional development and sources for supplemental information that can assist participants in extending the learning opportunities begun in this guide.

Bibliographic Information

National Alliance of Business Inc. [for the Head Start Bureau]. Family Partnerships: A Continuous Process: Training Guides for the Head Start Learning Community (1998). National Alliance of Business [for the Head Start Bureau]: Alexandria, VA (113 pages). Language: English

Availability

Single copies of most Head Start publications are available free of charge to individuals and organizations outside of Head Start with priority given to fulfillment of orders from Head Start programs. Exceptions are: National Training Guides [for the Head Start Learning Community] are only available to non-Head Start Organizations individuals through the Government Printing Office (GPO). Send orders prepaid to: Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371-954, Pittsburgh, PA 15250-7954, Phone: (202) 512-1800.

Availability (cont.)

May be ordered from:
National Alliance of Business [for the Head Start Bureau] • Head Start Publications Management Center • Order Fulfillment Department • P.O. Box 26417 • Alexandria, VA 22313 • (703) 683-2878 *phone* • (703) 683-5769 *fax* • puborder@hskids-tmsc.org *e-mail* • http://www.hskids-tmsc.org/ *web*

Producer Information

Intended User Audience: Target audiences for this guide's training program are directors who are making the development of family partnership agreements an integral part of their Head Start program's mission, goals and services; program managers, who are responsible for staff development activities; and Head Start staff, who interact regularly with families and want to enhance their family-partnership skills.

Product Development: Product development information is not available for this material.

Product Evaluation: Product evaluation information is not available for this material.

Product Dissemination: Product dissemination information is not available for this material.

Grassroots for Success! Preparing Schools and Families for Each Other

Valora Washington
Valorie Johnson
Janet Brown McCracken

Summary

Noting that children are more likely to succeed when schools and families are prepared for each other, this book describes the grassroots efforts of the W.K. Kellogg Foundation School Readiness Initiatives to link families, schools, and communities in a variety of settings and populations. The book begins by providing background information on the national education goals, including the first goal that calls for every child to be ready to learn when entering kindergarten. Professional practices and public policies that aim at providing high-quality experiences for young children are discussed.

Chapter 1 introduces the emergence of the 20 initiatives and their efforts to translate national aims into daily action. The second and third chapters discuss core strategies to prepare children and schools for each other. Chapter 2 focuses on family-oriented strategies, such as strengthening families, including communities for the children's progress, and promoting cultural competence by using culturally sensitive strategies and materials. Chapter 3 discusses strategies that engage the community, such as building on community assets, assessing community resources, and collaboration with local agencies and programs. In addition, emphasis is placed on working for results, looking for partners, generating publicity, and nurturing local leadership. An appendix contains descriptions of each initiative, including names of contact persons, the population served, and the nature of the initiatives and their successes.

Bibliographic Information

Valora Washington, Valorie Johnson, Janet Brown McCracken. Grassroots for Success! Preparing Schools and Families for Each Other (1995). National Association for the Education of Young Children [NAEYC]: Washington, DC (133 pages). Language: English

Availability

May be ordered from: *(Contact producer regarding price.)*
National Association for the Education of Young Children (NAEYC) • 1509 Sixteenth Street, NW • Washington, DC 20036 • (800) 424-2460 *phone* • (202) 328-1846 *fax* • naeyc@naeyc.org *e-mail* • http://www.naeyc.org/ *web*

Producer Information

Intended User Audience: Education policymakers, educators in early childhood education and elementary education (advanced level), public officials, and child advocates.

Product Development: The book was written by administrators from the Kellogg Foundation along with the writer/photographer, who has an early childhood education background. The programs studied were those of various community service organizations and elementary schools. The students in these programs were from a variety of backgrounds including African American, Hispanic, Asian, and European American.

Product Evaluation: The book is a report and evaluation would not be relevant.

Product Dissemination: Approximately 1000 copies have been distributed in the U.S. and internationally.

Promoting Mental Health: Training Guides for the Head Start Learning Community

James Bowman Associates

Summary

This training guide is intended to help Head Start staff promote mental health for all members of the Head Start Community, by means of activities that build skills in creating responsive, respectful relationships with co-workers, parents, and children. The guide has five working sections, the first three of which are training modules. Each of the modules details module outcomes, key concepts, background information, questions for discussion and reflection, learning activities, points to consider, and ideas to extend practice. Handouts are included for each module.

Module 1 focuses on the question, "Where does mental health come from?" Ideas addressed include protecting and supporting resiliency of children, the family, and the community. Module 2 addresses getting to know the whole child. Ideas addressed include developmental stages, individual differences, the Head Start environment, the home environment, skills and knowledge, satisfying emotional needs, and temperament characteristics. Module 3 focuses on getting to know oneself. Ideas addressed include creating a mentally healthy workplace, stress busters, and headache visualization. The section on continuing professional development provides suggestions and areas for personally developing a better program environment. The material contains resources including 14 books and manuals, 4 Head Start publications, 5 national organizations, and 2 videos.

Bibliographic Information

James Bowman Associates. Promoting Mental Health: Training Guides for the Head Start Learning Community (1996). Head Start Bureau: Alexandria, VA (89 pages). Language: English

Availability

Single copies of most Head Start publications are available free of charge to individuals and organizations outside of Head Start with priority given to fulfillment of orders from Head Start programs. Exceptions are: National Training Guides [for the Head Start Learning Community] are only available to non-Head Start Organizations individuals through the Government Printing Office (GPO). Send orders prepaid to: Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371-954, Pittsburgh, PA 15250-7954, Phone: (202) 512-1800.

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Producer Information

Intended User Audience: This material is designed for staff in early childhood and family support programs with beginning levels of experience, from all cultural backgrounds.

Product Development: The authors are a social worker and a pediatrician. An advisory panel with expertise in early childhood education, mental health, and Head Start also were instrumental in developing this material. The developers and advisors were Pacific Islanders, European Americans, and Native Americans.

Product Evaluation: Feedback for the booklet was provided by other Head Start staff (in both conference and classroom settings). The classroom children were from a large variety of backgrounds, including Hispanic, European American, African American, Asian, and Native American.

Product Dissemination: Unknown

Supporting Substance-Abusing Families: A Technical Assistance Manual for the Head Start Management Team

Vickie McTaggart *Katherine K. McTaggart*
Cheryl McTaggart *Annette McTaggart*
Susan B. McTaggart *Mary B. McTaggart*
Judy McTaggart *Rachelle McTaggart*

Summary

This manual provides assistance for Head Start managers and caregivers in providing support for substance-abusing families. The manual builds on the Head Start Substance Abuse Circle of Capacities continuum, which addresses areas of: (1) staff preparation and support; (2) prevention and family wellness; (3) early intervention, referral, and support; and (4) community collaboration and partnerships.

The chapters in the manual are: (1) "Introduction: Substance Abuse among Families," including an overview of the problem and suggestions for identifying alcohol and other substance abuse, and special services; (2) "Substance-Abusing Parents: Characteristics of Parents Involved with Addiction," a discussion of the nature of parental addiction and how it affects the ability to parent; (3) "Children of Substance-Abusing Parents: Special Risks," including newborn and infant complications and developmental issues; (4) "Comprehensive Family Assessment," focusing on information gathering, home visits, and observations; (5) "Areas of Assessment," including determining attitudes and feelings, along with assessment of the infant and child, parents, home environment, relative caregivers, and foster parents; and (6) "Working with Children in a Preschool Setting," which discusses classroom organization and the role of Head Start staff in working with children from substance-abusing families.

Bibliographic Information

Vickie McTaggart, Cheryl McTaggart, Susan B. McTaggart, Judy McTaggart, Katherine K. McTaggart, Annette McTaggart, Mary B. McTaggart, Rachelle McTaggart. Supporting Substance-Abusing Families: A Technical Assistance Manual for the Head Start Management Team (1994). Head Start Bureau, U.S. Department of Health and Human Services: Alexandria, VA (50 pages). Language: English

Availability

Single copies of most Head Start publications are available free of charge to individuals and organizations outside of Head Start with priority given to fulfillment of orders from Head Start programs. Exceptions are: National Training Guides [for

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the Head Start Learning Community] are only available to non-Head Start Organizations individuals through the Government Printing Office (GPO). Send orders prepaid to: Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371-954, Pittsburgh, PA 15250-7954. Phone: 202-512-1800.

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Producer Information

Intended User Audience: This material was written for Head Start staff who provide services to families. It is also intended for program managers and coordinators as they design and improve services for families, professional development activities for staff, and safety measures for families and staff.

Product Development: Not available for this material.

Product Evaluation: Not available for this material.

Product Dissemination: Not available for this material.

Supporting Families in Crises: Training Guides for the Head Start Learning Community

National Alliance of Business [for the Head Start Bureau]

Summary

This guide offers Head Start staff training in how to prevent, or identify and respond to family crises in ways that can build resiliency in families. Following an introductory section, the guide presents four training modules. Each module details expected outcomes, key concepts, background information, learning activities, and next steps. Handouts are included for each module.

Module One, "Preventing Family Crises," examines crisis prevention via a solution-focused approach. Module Two, "Assessing Family Crisis," prepares staff to recognize and assess families in a state of crisis. This section also explores the elements contributing to crises, the phases of crises, and the psychological effects of crises. Module Three, "Responding to Families in Crisis," focuses on crisis intervention and the role of Head Start staff in carrying out and supporting that process. Intervention techniques to defuse and resolve a crisis are explored. Module Four, "Dealing with Potentially Dangerous Situations," examines the issues of family and staff safety at a number of levels, along with strategies for dealing with challenging or threatening behaviors. The final sections include information on continuing professional development, activities that reinforce and expand staff skills, and resources for further information.

Bibliographic Information

National Alliance of Business [for the Head Start Bureau]. Supporting Families in Crisis: Training Guides for the Head Start Learning Community (1998). National Alliance of Business [for the Head Start Bureau]: Alexandria, VA (139 pages). Language: English

Availability

Single copies of most Head Start publications are available free of charge to individuals and organizations outside of Head Start with priority given to fulfillment of orders from Head Start programs. Exceptions are: National Training Guides [for the Head Start Learning Community] are only available to non-Head Start Organizations individuals through the Government Printing Office (GPO). Send orders prepaid to: Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371-954, Pittsburgh, PA 15250-7954. Phone: 202-512-1800.

Availability (cont.)

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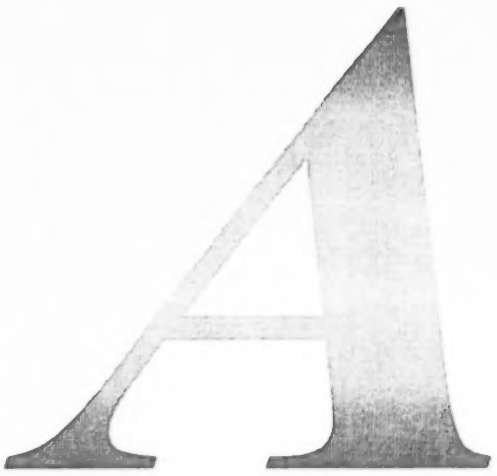
Producer Information

Intended User Audience: This material was written for Head Start staff who provide services to families. It is also intended for program managers and coordinators as they design and improve services for families, professional development activities for staff, and safety measures for families and staff.

Product Development: Not available for this material.

Product Evaluation: Not available for this material.

Product Dissemination: Not available for this material.



About C·L·A·S

About the CLAS Early Childhood Research Institute

Early Childhood Research Institute on Culturally and Linguistically Appropriate Services

University of Illinois at Urbana-Champaign
The Council for Exceptional Children
University of Wisconsin-Milwaukee
ERIC Clearinghouse on Elementary and Early Childhood Education
ERIC Clearinghouse on Disabilities and Gifted Education

Overview

The Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS) is a federally-funded collaborative effort of the University of Illinois at Urbana-Champaign, The Council for Exceptional Children, the University of Wisconsin-Milwaukee, the ERIC Clearinghouse on Elementary and Early Childhood Education, and the ERIC Clearinghouse on Disabilities and Gifted Education. The CLAS Institute is funded by the Office of Special Education Programs of the U.S. Department of Education.

C·L·A·S
Culturally & Linguistically Appropriate Services
Early Childhood Research Institute

The CLAS Institute identifies, evaluates, and promotes effective and appropriate early intervention practices and preschool practices that are sensitive and respectful to children and families from culturally and linguistically diverse backgrounds. CLAS has several basic assumptions which define and guide its work. CLAS' goals are outlined below, as well as some of the issues and concerns important to our work. Finally, a brief overview is included about the outcomes we anticipate accomplishing by the end of this project.

Assumptions

We adhere to the following fundamental beliefs in our research, training and dissemination activities:

Assumptions About Culture and Language:

1. Individuals and families are members of multiple cultures.
2. Cultures are multi-faceted and dynamic.
3. Multilingualism is an asset.
4. A solid foundation in one's primary language contributes to acquisition of a second language.
5. Cultural competence is a process entailing lifelong learning.

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ABOUT THE CLAS INSTITUTE

6. Many people have not had an equal voice, equal representation or equal access to health and education services. We recognize that institutional racism continues and will address issues of access and equity in the search, review, and dissemination of materials.
7. Beliefs and attitudes about culture and language shape outcomes; positive beliefs contribute to inclusiveness; negative beliefs undermine it.

Assumptions About the Work of the Institute:

1. Culturally and linguistically diverse practitioners and families will be involved in the work of the Institute as advisors, reviewers, and evaluators.
2. Materials will reflect the intersection of culture and language, disabilities and child development.
3. A range of strategies or approaches will be identified from which practitioners, families, and researchers can make an informed selection of practices or materials. In our dissemination of reviewed materials, we will not advise or prescribe solutions but will facilitate better questions regarding material selection.
4. Products will be "user amorous" and our evaluation will in part focus on the usability and impact of these products.

The work of the Institute is complex, challenging, and developmental in nature.

Goals

The CLAS Institute identifies, collects, reviews, catalogs, abstracts, and describes materials and practices developed for children and families from culturally and linguistically diverse backgrounds, and professionals who work with them. In the latter years of this five-year Institute, CLAS will identify gaps in existing materials and practices, prepare translations of a limited number of materials, and pilot-test a limited number of promising materials to ensure that effective early intervention practices are available to families and service providers who work with them. CLAS will:

1. Create a resource bank and catalog of validated culturally and linguistically appropriate materials, and of documented effective strategies, for early intervention and preschool services.
2. Conduct a review of materials by experts in the fields of early childhood education, early intervention/early childhood special education, and in multicultural education, considering issues not only of effectiveness but also of social, cultural, and linguistic acceptability to children and families from culturally and linguistically diverse backgrounds.
3. Evaluate and validate selected materials through field testing of the materials with culturally and linguistically diverse backgrounds.
4. Disseminate reviewed materials and practices that meet the dual criteria of (1) effectiveness and (2) cultural and linguistic appropriateness for all relevant stakeholders.

About the Authors

Rosa Milagros (Amy) Santos, Ph.D.

University of Illinois at Urbana-Champaign • 51 Gerty Drive • 61 Children's Research Center • Champaign, IL 61820

Amy is an assistant professor at the Department of Special Education at the University of Illinois, Project Coordinator of the CLAS Early Childhood Research Institute and Co-Principal Investigator (with Dr. Jeanette McCollum) of a grant studying Filipino mothers' perceptions of appropriate parent-child interactions. For several years she worked as a preschool teacher and as a special education teacher in the Philippines. Amy's research interests include issues that relate to the impact of culture, race and language in the delivery of services to young children with disabilities (birth to five years old) and their families. Her research focuses on family support services, parent-child interactions across cultures, and development of intercultural competence of early childhood service providers. Amy has a long-term interest in developing strategies for instruction in the natural environment, applying behavioral momentum principles to enhance communication development, and using technology in personnel preparation. Amy is an active member of the Division for Early Childhood (DEC) of the Council for Exceptional Children serving in various leadership roles for the Illinois subdivision and national DEC. She was recently involved with DEC's efforts to revise its Recommended Practices. She is Chair of the Cultural and Linguistic Diversity Strand. Amy is also the chair for DEC's Multicultural Activities Committee.

Chun Zhang, Ph.D

Fordham University • Division of Teaching and Instruction • 113 West 60th Street • New York, NY 10023-7478

Chun Zhang is currently an assistant professor at the Division of Curriculum and Teaching at Fordham University. She graduated with a Ph.D from the Department of Special Education at the University of Illinois at Urbana-Champaign. She had worked in China as a kindergarten teacher and a university instructor for eight years before coming to the U.S. She also worked as a facilitator and supervisor for inclusive playgroups for families of children (birth to three) with and without disabilities at the University of Illinois. Her areas of interest have been children and families from culturally and linguistically diverse backgrounds; family support; family-centered practice; the Individualized Family Service Plan (IFSP); and the Individualized Education Plan (IEP). She has written and published several articles in these areas.

For more information on the CLAS Early Childhood Research Institute ...

Contact Amy Santos or Rob Corso (Project Coordinators) or Ron Banks (Information Specialist):

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IDEAs that Work

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